

FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

(b)(6)
(b)(3)See Instructions
to Agencies on
Reverse Side

1. Name of retired employee Mr. (Last) (First) (Middle) X XX-MTS Caranci John C.			2. Date of birth (Month) (Day) (Year) Feb 7 1922
3. Mailing address (Number and street, city, State and ZIP Code) c/o			4. Plan or system under which retired CIA Retirement and Disability System
5. Retirement claim No. (If any)	6. Effective date of annuity (Month) (Day) (Year) May 1 1970	7. Did employee retire for disability? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8. Did employee retire on an immediate annuity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IF ITEM 7 IS ANSWERED "YES," OMIT ITEMS 9 AND 10.

9. Does employee have 12 or more years' verified creditable service of which at least 5 years are civilian service? Yes No
10. If employee retired on an immediate annuity but has less than 12 years' verified creditable service and if there is uncertainty as to the creditability of a period (or periods) of service which is essential to a total of 12 years, list all service of record and any other service alleged by the retired employee. The Civil Service Commission will verify and/or determine whether the service in question is creditable.

PERIOD OF SERVICE From— To—	DEPARTMENT OR AGENCY	LOCATION OF EMPLOYMENT	TITLE OF POSITION	HAS SERVICE BEEN VERIFIED?	
				Yes	No

APPROVED FOR RELEASE - CIA INFO DATE: 10-Nov-2008

JOHN C CARANCI CSI

11. Has the employee had optional insurance during the full period that such insurance has been available to him? Yes No
Subject declined Optional FEGLI coverage.

12. I hereby certify that the above information, excepting period(s) of unverified service alleged by the retired employee, has been obtained from official records and is correct. **JS/**

31 JUL 1970

(Signature of authorized agency official)

(Date)

(Type name of authorized agency official)

Insurance Officer, Alternate
(Title)

Central Intelligence Agency

Washington, D. C. 20505

(Name of agency)

(Mailing address of agency, including ZIP Code)

CERTIFICATION OF CIVIL SERVICE COMMISSION

<input checked="" type="checkbox"/> Individual named above has regular insurance as a retired employee under the Group Life Insurance Program.	<input type="checkbox"/> Individual named above has optional insurance as a retired employee under the Group Life Insurance Program.
<input type="checkbox"/> Individual named above does not have regular insurance as a retired employee because:	<input checked="" type="checkbox"/> Individual named above does not have optional insurance as a retired employee because:
<input type="checkbox"/> Less than 12 years' creditable service. <input type="checkbox"/> Not retired on an immediate annuity. <input type="checkbox"/>	<input type="checkbox"/> Did not elect optional insurance as an employee. <input type="checkbox"/> Not eligible for regular coverage as a retiree. <input type="checkbox"/> Not insured from first opportunity.

Certified by:

Bureau of Retirement, Insurance, and Occupational Health

8/17/70
(Date)

AGENCY REPORT OF TERMINATION OF RETIRED STATUS

Date annuity terminated 14 July 1970	Reason for termination Death	Insurance coverage at time of termination <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Regular and optional
		Last address if different from that shown in item 3 11/5/70
(Signature of authorized official)		(Date)

CERTIFICATION OF INSURED EMPLOYEE'S RETIRED STATUS

DECEDENT John C. Caranci	CERTIFICATION OF INSURANCE STATUS OF DECEASED ANNUITANT OR COMPENSATIONER FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM
DATE OF BIRTH 2/7/22	TO: OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE
CSF CSI 1 255 367	

This certification is invalid if your records show a conversion after the date insurance coverage as an employee terminated.

A. CERTIFICATION REGARDING DECEASED ANNUITANT

NOTE TO EXAMINER: Certify a deceased compensationer as an insured annuitant if (a) annuity file shows he is otherwise eligible for insurance as a retired employee and (b) the amount of insurance is the same regardless of annuitant or compensationer status.

1. (a) TYPE OF RETIREMENT <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> NON-DISABILITY	1. (c) <input checked="" type="checkbox"/> The deceased was retired under the Civil Service Retirement System or system named in attached SF 49, and at time of death: <input checked="" type="checkbox"/> was insured for regular insurance only. <input type="checkbox"/> was insured for regular and optional insurance. <input type="checkbox"/> canceled optional insurance during retirement.
1. (b) DATE OF SEPARATION <input checked="" type="checkbox"/> 12/16/67 OR LATER <input type="checkbox"/> 9/23/59 TO 12/15/67 <input type="checkbox"/> BEFORE 9/23/59	1. (d) <input checked="" type="checkbox"/> The deceased's annual pay as shown on SF 56 is consistent with data on records available to the Commission. <input type="checkbox"/> The deceased's annual pay as indicated on SF 56 was <u>not</u> consistent with data on records available to the Commission. SF 56 has been amended to show correct rate as \$ _____. If deceased attained age 65 prior to August 29, 1954, annual pay on August 29, 1954, was \$ _____.
2. <input type="checkbox"/> The deceased was not an insured annuitant at the time of his death (and insurance as a compensationer is not involved according to our records).	DECEASED ANNUITANT <input type="checkbox"/> His retirement was not based on at least 12 years creditable service or disability (separation on or after September 23, 1959). <input type="checkbox"/> His retirement was not based on at least 15 years creditable service or disability (separation before September 23, 1959). <input type="checkbox"/> His retirement was not on an immediate annuity. <input type="checkbox"/> He waived insurance coverage as an employee. <input type="checkbox"/> He was separated before the insurance law went into effect. DECEASED EMPLOYEE <input type="checkbox"/> He died in service after filing for retirement. <input type="checkbox"/> He died in service without filing for retirement. <input type="checkbox"/> Other (specify). NOTE TO EXAMINER: Verify compensation status with BEC before completing this certification.

B. CERTIFICATION REGARDING DECEASED COMPENSATIONER

1. <input type="checkbox"/> The deceased was receiving employees' compensation and held to be unable to return to duty. He was insured on that basis at the time of his death for: <input type="checkbox"/> Regular insurance only. <input type="checkbox"/> Regular and optional insurance. <input type="checkbox"/> Canceled optional insurance during retirement.	NOTE TO EXAMINER: Verify compensation status with BEC before completing this certification.
2. <input type="checkbox"/> The deceased was not an insured compensationer at the time of his death (explain under "D. Remarks").	

C. ATTACHMENTS

The following forms or documents are attached to this certification: DESIGNATION OF BENEFICIARY - SF 54: <input checked="" type="checkbox"/> Attached - Rec'd in CSC prior to death. <input type="checkbox"/> Attached - Rec'd in CSC after date of death from <input type="checkbox"/> Claimant <input type="checkbox"/> Agency. <input type="checkbox"/> No SF 54 on file in CSC. <input type="checkbox"/> SF 56 - Agency Certification of Insurance Status. <input checked="" type="checkbox"/> Death Certificate. <input checked="" type="checkbox"/> Attached <input type="checkbox"/> Not on file in CSC.	<input checked="" type="checkbox"/> FE 6 - Claim for Death Benefits filed by: _____ <input type="checkbox"/> Retired Employee's Insurance Certificate. <input checked="" type="checkbox"/> SF 49 - Certification of Insured Employee's Retired Status. <input type="checkbox"/> Other (specify). D. REMARKS AND SIGNATURE (Adjudicator will show any unusual annuity claim circumstances that may affect OFEGLI's payment and enter other pertinent remarks here. If additional space is needed, use reverse side of this form.) Please expedite payment of this insurance as soon as possible.
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December 23, 1970

Date

CERTIFIED BY: EXAMINER: <i>[Signature]</i> , <i>[Title]</i> , and Occupational Health
U.S. Civil Service Commission

AGENCY CERTIFICATION OF INSURANCE STATUS
Federal Employees Group Life Insurance Program

1. NAME (Last)	(First)	(Middle)	2(a). DATE OF BIRTH (Month, Day, Year)	2(b). SOCIAL SECURITY ACCOUNT NUMBER
Caranci	John	C.	Feb 7, 1922	

3. CHECK THE REASON FOR TERMINATING INSURANCE

- (a) Separated (includes resignations)
- (b) Retired
- (c) Died as an employee
- (d) Died as a reemployed annuitant
- (e) End of 12 months non-pay status
- (f) Other (specify)

NOTE: If the reason checked is "b, Retired" your group life insurance (but not accidental death and dismemberment benefits) will continue during retirement if you meet the conditions described in "Notice to Retiring Employee" below.

4. CHECK APPROPRIATE BOX CONCERNING SF 54, DESIGNATION OF BENEFICIARY

- (a). CURRENT SF 54 ATTACHED
- (b). A CURRENT SF 54 IS NOT ON FILE WITH THIS AGENCY
- (c). A CURRENT SF 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT)

NOTE: IF EMPLOYEE (A) DIED OR (B) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN HIS LIFE INSURANCE, ATTACH CURRENT SF 54, IF ANY, TO ORIGINAL SF 56 AND CHECK BOX 4 (a) ON ORIGINAL AND ALL COPIES OF SF 56; IF NO CURRENT SF 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT SF 54 IS ON FILE BY CHECKING BOX 4 (b) OR (c). A CURRENT SF 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE.

5. DATE OF EVENT CHECKED IN ITEM 3 (MONTH, DAY, YEAR)	6. ANNUAL BASIC PAY RATE (NOT AMOUNT OF INSURANCE) ON DATE IN ITEM 5. CONVERT DAILY, HOURLY, PIECEWORK, ETC. RATE TO ANNUAL RATE	7. DID EMPLOYEE HAVE OPTIONAL INSURANCE ON DATE IN ITEM 5? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> IF YES, GIVE RECEIPT DATE OF ELECTION OF OPTIONAL INSURANCE (SF 176 or 176-T)	8. DATE OF NOTICE OF CONVERSION PRIVILEGE (SF 55) TO EMPLOYEE (MONTH, DAY, YEAR)
April 22, 1970	\$14,684 PER ANNUM		

9. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS, OFFICIAL RECORDS AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5.

Personal signature of authorized agency official	Name and address of agency, including zip code
Typed name or authorized agency official	
Title	Phone number, including area code
	Date AUG 7 1970

IMPORTANT INFORMATION FOR EMPLOYEE

NOTICE TO RETIRING EMPLOYEE

As a retired employee, your regular life insurance (not accidental death and dismemberment) will be continued without cost to you, provided:

- You do not convert to an individual policy of life insurance; and
- You retire with 12 or more years' creditable service of which at least 5 years are civilian service, or on account of disability; and
- You retire on an immediate annuity.

Your optional life insurance, if you have any (not accidental death and dismemberment), may also be continued, provided:

- You do not convert it; and
- You continue your regular insurance; and
- You have had optional insurance from the time it first became available to you; and
- Your monthly annuity is sufficient, after all other deductions, to pay the full cost; and
- You continue to pay the full cost until you reach age 65 (the cost will be deducted from your monthly annuity check).

Your life insurance as a retired employee will be reduced by 2% each month beginning at age 65 or at retirement, whichever is later. The maximum reduction is 75%.

You may, if you prefer, convert your insurance to an individual life insurance policy in an amount not to exceed your combined regular and optional insurance. Or you may continue your regular insurance free after retirement, if eligible as described above, and convert only your optional insurance.

Your employing office will instruct you on the procedure to follow if you want to convert only your optional insurance.

If you are eligible to continue your life insurance as a retired employee, your employing agency has been instructed to attach the ORIGINAL of this form to your application for retirement unless you prefer to convert your regular insurance to an individual policy.

If you receive the ORIGINAL copy of this Certification after you file your application for retirement, and you do not want to convert your regular insurance to an individual policy, forward the ORIGINAL as soon as possible to the agency or office which administers your retirement system.

Keep the DUPLICATE copy for yourself. You will be notified by the Civil Service Commission of your insurance rights.

DEATH WITHIN 31 DAYS

Under certain conditions, life insurance is payable if death occurs within 31 days after an employee's group insurance terminates, even though the employee had not applied for conversion. If death occurs within this period, further information concerning possible benefits should be obtained from the agency named in item 9 above.

NOTICE TO EMPLOYEE RECEIVING FEDERAL EMPLOYEES' COMPENSATION

While you are receiving monthly benefits under the Federal Employees' Compensation law and are held by the Department of Labor to be unable to return to duty, your life insurance (not accidental death and dismemberment) may be continued.

Instructions on how you may apply to continue your insurance coverage while receiving Federal employees' compensation are contained on the back of PART 1—the ORIGINAL copy of this Certification, which is to be sent to the U. S. Civil Service Commission, Bureau of Retirement, Insurance, and Occupational Health, Washington, D. C. 20415. Keep the DUPLICATE copy for yourself.